

New Jersey Department of Health and Senior Services
EARLY INTERVENTION SYSTEM
P. O. Box 364
Trenton, NJ 08625-0364
Telephone: 609-777-7734 Fax: 609-292-0296

**EARLY INTERVENTION PROGRAM
INQUIRY**

STATE USE ONLY

LOA #:

Vendor ID #:

Complete and submit to the address listed above.

Applicant Agency - Official Business Name

Federal Tax ID Number

Street Address

City

State

Zip Code

Principal contact person authorized to complete and attest to the information contained in this inquiry.

First Name

MI

Last Name

Telephone Number

Fax Number

Email Address

Signature

Date

Agency Type (Please check one):

☐ Private Non-Profit

☐ Private For-Profit

☐ Government

☐ Hospital

☐ Other, Specify:

Has the Applicant Agency previously been terminated as an EIP with the NJEIS or any other state EIS?

☐ No

☐ Yes

If yes, please explain:

**EARLY INTERVENTION PROGRAM INQUIRY
(Continued)**

EIP Name (if different from Applicant Agency)

Street Address

City

State

Zip Code

Primary program contact person for questions.

First Name

MI

Last Name

Telephone Number

Fax Number

Email Address

Identify an interest in one or more of the following early intervention service options:

☐ Comprehensive EIP

☐ Targeted Evaluation Team

☐ Services Vendor

Are your requested services options limited to a specialized population?

☐ Yes

☐ No

Identify proposed direct service environments (Check all that apply):

☐ Home

☐ Service Provider Location

☐ Child Care

☐ Community

Indicate below the number of full time equivalent staff (FTEs based on a 35-hour work week) available to provide early intervention services. FTE may be one full-time or multiple part-time staff.

Audiologist

Psychologist

Behavior Specialist

Special Educator

Child Development Specialist

Social Worker

Family Therapist

Speech/Language Pathologist

Nurse

Family Liaison

Nutritionist

COTA

Occupational Therapist

PTA

Orientation/Mobility Specialist

Program Assistant

Physical Therapist

Interpreter/Translator

Physician

Languages

☐ Other, Specify:

EARLY INTERVENTION PROGRAM INQUIRY (Continued)

Provider Service Area/Capacity

All approved EIPs are responsible for providing county-wide coverage in at least one county. Indicate the county geographic service areas and any additional zip codes (if interested in a portion of an additional county area) and the number of children available to serve.

<u>SNJREIC</u>	No. of Children	<u>MJREIC</u>	No. of Children	<u>FLREIC</u>	No. of Children	<u>NEREIC</u>	No. of Children
Atlantic	<input type="text"/>	Hunterdon	<input type="text"/>	Essex	<input type="text"/>	Bergen	<input type="text"/>
Burlington	<input type="text"/>	Mercer	<input type="text"/>	Morris	<input type="text"/>	Hudson	<input type="text"/>
Camden	<input type="text"/>	Middlesex	<input type="text"/>	Sussex	<input type="text"/>	Passaic	<input type="text"/>
Cape May	<input type="text"/>	Monmouth	<input type="text"/>	Union	<input type="text"/>		
Cumberland	<input type="text"/>	Ocean	<input type="text"/>	Warren	<input type="text"/>		
Gloucester	<input type="text"/>	Somerset	<input type="text"/>				
Salem	<input type="text"/>						

Additional Zip Codes:

Identify any specialized populations you are interested in serving and methodologies used (Check all that apply):

☐ **Hearing Impaired**

☐ Total Communication

☐ Auditory/Verbal

☐ Cued Speech

☐ Other

☐ Sign Language

☐ Auditory/Oral

☐ Cochlear Implants

☐ **Autism Spectrum Disorders**

☐ ABA

☐ DIR

☐ Other, Specify:

☐ **Vision Impaired**

☐ **Deaf/Blind**

☐ **Other Specialized Population (please specify below):**

EARLY INTERVENTION PROGRAM INQUIRY
(Continued)

Describe your agency's experience in providing early intervention services, including services to specialized populations:

Describe your agency's policies and procedures for conducting background checks on personnel and consultants:

Describe your agency's ability to supervise staff, monitor performance, and otherwise assure quality of services for eligible children and families:

Additional Comments: